FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVET 2012 SEP 26 AM 11: 31 FEC MAIL CENTER

			<u> </u>	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
PENNSYLVANIA C	ONGRESSIONAL	L CAMPAIGNS VICT	ORY FUN	D FEDERAL PAC
<u> </u>				
ADDRESS (number and street)	P. O. BOX 1	<b>172</b>		
(Check if address is changed)	BOCA RATO	)N	FL	33429
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one	e-mail address)		
(Check if address	CONGRESSI	<u> PNALCAMPAIGNS</u>	FUNDPA	C\$@GMAIL,COM
is changed)				
COMMITTEE'S WEB PAGE ADI	ORESS (URL)			
(Check if address				
is changed)				
2. date Ö9 <sup>™</sup> ′ Ž4	₽° ′ <b>20</b> ′12		٠	
3. FEC IDENTIFICATION NU	JMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement and to the be	est of my knowledge and belief it	is true, correct	and complete.
Type or Print Name of Treasure	, JAMES LIN	COLN		
Signature of Treasurer	James &	mestro	Date Ö9	<sup>*</sup> ′ 24° ′ 2012 `
	· ·	on may subject the person signing to		
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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5.			OMMITTEE .	
	Can	didate	Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below	v.)
	(b)	L	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate
	Name Cand			
	Cand Party	lidete Affiliatio	on Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Part	y Con	mittee:	
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Poli	tical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is a:
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
			In addition, this committee is a Lebbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Join	t Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number C	
		3.	FEC ID number C	
		4.		

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Write or Type Committee Name		
PENNSYLVANIA C	ONGRESSIONAL CAMPAIGNS VICTORY FUND FE	DERAL PAC
6. Name of Any Connected C	rganization, Affillated Committée, Joint Fundralsing Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE 2	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in poss	ession of committee
Full Name JAME	S LINCOLN	<u> </u>
Mailing Address	P. O BOX 1172	
	BOCA RATON FL 33429	<b>)</b>
Title or Position	CITY STATE Z	ZIP CODE
EXECUTIVE DIR	ECTOR Telephone number 561, 1-194	5,  - 3471
8. Treasurer: List the name an	address (phone number optional) of the treasurer of the committee; and the name	ne and address of

O.,BOX,1172		 <u> </u>	1 1	ئــــــــــــــــــــــــــــــــــــــ		1_1			LL_	1_		لــــــــــــــــــــــــــــــــــــــ	<u></u>	
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CITY					STA	ATE				Zii	P C	OD	Ε	
_	<del></del>	 <del></del>	СПУ	CITY	CITY	CITY STA	CITY STATE	CITY STATE	CITY STATE	CITY STATE	CITY STATE ZI	CITY STATE ZIP C	CITY STATE ZIP COD	CITY STATE ZIP CODE

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Full Name of Designated Agent		<u> </u>							
Mailing Address									
	CITY STATE ZII	P CODE							
Title or Position	Telephone number	با-لبيا							
safety deposit bo	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.								
	WELLS FARGO BANK								
Mailing Address	1975 SOUTH FEDERAL HIGHWAY								
	BOCA RATON FL 133432	 							
	CITY STATE ZI	IP CODE							
Name of Bank, I	Depository, etc.	<del></del>							
Mailing Address									
·									
	CITY STATE ZI	IP CODE							

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 9/26/14 DATE PREPARED

(3/2005)